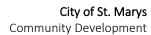




418 Osborne Street St. Marys, Georgia 31558 (912) 510-4032

## IMMIGRATION AND SECURITY FORM (GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

			,	<u></u>
Contractor's Name:				
State Entity's Name:	City of St. Marys			_
State Solicitation/				
Contract No.:				
that the Contractor identifi	ed above has registered wit	verifies its compliance with O.ch and is participating in a feder ines established in O.C.G.A. 13-	ral work authorization pr	
performance of services pu similar verification of comp	rsuant to this contract with liance with O.C.G.A. § 13-10 compliance and provide a	or contract with any subcontra the State Entity, Contractor wi 0-91 on the attached Subcontra copy of each such verification t	ill secure from such subc actor Affidavit. Contracto	contractor(s) or further agree
EEV / E-Verify <sup>™</sup> Company I	dentification Number			
BY: Authorized Officer or Ag (Contractor Name)	gent	Date		
Title of Authorized Officer of	or Agent of Contractor			
Printed Name of Authorized	d Officer or Agent			
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE				
DAY OF	, 20			
Notary Public		[NOTARY SEAL]		
My Commission Expires:				
Security or any equivalent f	ederal work authorization p	on programs operated by the Ur program operated by the United es, pursuant to the Immigration	d States Department of I	Homeland





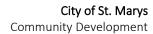
418 Osborne Street St. Marys, Georgia 31558 (912) 510-4032

## IMMIGRATION AND SECURITY FORM (GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor's Name:	
Entity's Name:	City of St. Marys
Solicitation Name or Contract No.:	

ADDITIONAL INSTRUCTIONS TO CONTRACTOR: Identify all subcontractors used to perform under the state contract. In addition, you must attach a signed and notarized affidavit (third page of this form) from each of the subcontractors listed below. The contractor is responsible for providing a signed and notarized affidavit to the State Entity within five (5) days of the addition of any new subcontractor used to perform under the identified state contract.

Contractor's Name:	
Subcontractors:	





418 Osborne Street St. Marys, Georgia 31558 (912) 510-4032

## IMMIGRATION AND SECURITY FORM (GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor's Name:				
Subcontractor's (Your) Name:				
Entity's Name:	City of St. Marys			
Solicitation Name or Contract No.:				
SUBCONTRACTOR AFFIDAN By executing this affidavit, th affirmatively that the Subcon Contractor identified above of work authorization program*	e undersigned Subcontrac tractor which is engaged in on behalf of the State Entit	n the physical perform y identified above has	ance of services under a registered with and is p	a contract with the participating in a federal
EEV / E-Verify <sup>™</sup> Company	Identification Number			
BY: Authorized Officer or A (Subcontractor Name)	gent	Date		
Title of Authorized Officer	or Agent of Contractor			
Printed Name of Authorize	ed Officer or Agent			
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE				
DAY OF	, 20			
Notary Public		[NOT	ARY SEAL]	
My Commission Expires:				
*any of the electronic verificatio	n of work authorization prog	rams operated by the Un	ited States Department of	f Homeland Security or any

equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of

newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603